

STATE OF CALIFORNIA
SUPPORTED EMPLOYMENT - INVOICE SUMMARY
DR385A (New 06/04)

DEPARTMENT OF REHABILITATION

Date:

SE Service Provider Name & Address:

DOR District Office Name & Address:

SEP #:

Federal Tax ID #:

Billing Month/Year:

Invoice # (optional):

Detail Pages Attached:

INSTRUCTIONS:

- Job coach hours on the attached detail sheets must be supported by the DR384 - Supported Employment - Monthly Job Coach Report (or provider's equivalent) and cannot exceed the authorized hours. If the job coaching hours on the DR384 exceed the authorized amount, only the authorized amount can be billed.
- Submit two (2) copies. Each summary page must have an original signature.
- Write "Supported Employment" on the envelope.
- Mail to the DOR District Office, Attention: Account Tech.

	Total # Consumers	Total Hours	Rate	Total Amount
Intake			\$200.00	
Placement (IP only)			\$400.00	
Retention (IP only)			\$400.00	
Job Coaching (IP)			\$27.62/hr	
TOTAL INVOICE AMOUNT				

For each of the services that have been invoiced, I understand that payment from DOR is payment in full for the services provided, pursuant to Title 9 CCR Section 7322, and I certify that no other funding has been, or is anticipated to be received, and the services invoiced have been provided:

Signature (use blue ink):



Completed by (type or print):

Phone Number:

DOR USE ONLY: Approved for payment based on documentation of services provided.

Approved by:



Date:

NOTICE: This is confidential information from the records of the California Department of Rehabilitation. State law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.